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THE STATE of
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REPORT of THE:

MONTANA STATE Advisory Council
ON Food AND NUTRITION

DECEMBER 1997

The State Advisory Council on Food and Nutrition

1997 was a year of significant change and transition for the Montana State Advisory Council on Food and Nutrition (referred to as the Council throughout this report). Due to passage of Senate Bill No. 298 the Council, previously considered a Governor's Council, became a Council to the Montana Department of Public Health and Human Services (DPHHS) effective July 1, 1997. New members were appointed mid-year by Laurie Ekanger, Director of DPHHS.

The Council has chosen to continue with its original mission:

- to advise DPHHS and other state agencies on policies to coordinate the operations of public and private food assistance programs;
- to annually report to the governor of the state of Montana on the state of food and nutrition in Montana;
- to provide a forum for review and discussion of state policies affecting hunger, food programs, and the state of nutrition for the population at risk;
- to promote food programs within the private and agricultural sectors of Montana's economy;
- to recognize public and private acts and individuals who significantly contribute to the reduction of hunger in Montana; and
- to educate the public as to problems and needs of hungry citizens.

Plan of Work and Accomplishments: A Review of 1997

- **Legislation:** Council members provided recommendations to DPHHS on SB 298 regarding the structure of the Council.
- **Local Community Nutrition Coalitions:** Council members continued to collaborate with members of the Montana Hunger Coalition to promote Community Nutrition Coalitions (CNC). Nine training sessions were held by the Hunger Coalition for 18 CNCs.
- **Awards:** The Council identified 13 groups and individuals who deserved recognition for their efforts to improve food and nutrition access for the citizens of Montana. Lieutenant Governor Judy Martz presented awards to Roberta Feller, Dave Thomas, Missoula Nutrition Resources, Meagher County Nutrition Coalition, Sheryle Shandy, members of the Miles City Nutrition Coalition, Patty Calkins, and Dan Nelsen at the Hunger and Homelessness Conference in Great Falls in October.
- **Statewide Nutrition Plan:** The council supported several efforts to address development

of a statewide nutrition plan. Although a formal document was not written, several papers were prepared and written suggestions were received from participants at conferences and other scheduled meetings.

- **Annual Report:** Each year, the Council makes a formal presentation of its report to the governor. With each subsequent year, the Council explores new and broader venues for distributing its report in an effort to further its mission.

Priority Food and Nutrition Issues

The Council recommends the state of Montana address and evaluate the following issues as priorities:

- Food Safety and Quality
- Food Access
- Nutrition and Health Status
- Food and Nutrition Education

Food Safety and Quality

Providing a safe food system from production to consumption is a serious concern in Montana. Specifically, food safety is a major health concern for the public as issues such as food borne illnesses from E. Coli or other contaminants increase. Most Montana consumers understand and recognize the need for safe food. However, Montanans experience a gap in their knowledge to address the problems. In addition, people need practical and understandable recommendations based on education and research.

Issue/Current Situation:

- According to national statistics, about one in every 65 Montanans will be sickened by food-borne illnesses each year. While most individuals will be healthy again after enduring a day or two of nausea, some experience serious illnesses resulting in costly and extensive hospital stays. The financial costs of food-borne illness are also tremendous, as scarce public tax money covers lost wages, health care, and investigative costs. Sadly, most cases of food-borne sickness could be stopped long before they strike.

- Food-borne illness can result in death, especially among vulnerable groups -- the elderly, young children, pregnant women, the chronically ill, and people with impaired immune function. Food-borne illness also robs many otherwise healthy people of productive roles in the workplace.
- Food safety at home and at meal sites is an ongoing concern for the Aging Network. Because of the size of the state and the volunteer nature of many senior meals programs, food safety education and training attendance by center staff is limited.
- Food safety is a concern for food banks, either in the acceptance or distribution of safe food as well as the ability of recipients to store and prepare food safely.

1997 Progress:

- Montana State University (MSU) Extension, DPHHS, and the food industry offered the nationally-recognized "SERVSAFE" program. Over 40 county Extension Educators and county and state sanitarians received the SERVSAFE train-the-trainer program and have consequently offered training in their counties.
- The Aging Network offers resource videos, manuals, posters, and articles to interested sites. These materials are also incorporated into nutrition program training which is offered annually at numerous locations throughout the state.
- The Montana School Food Service Association and the Office of Public Instruction sponsored a 10-hour sanitation and safety seminar for school food service employees during the annual summer conference. Over 40 School Food Service staff received the training.

Policy and Action Recommendations:**Policy**

- Develop a comprehensive state plan for implementation of coordinated Hazard Analysis Critical Control Point (HACCP) training for food production, processing, food service/retail, and consumers.
- Promote partnerships with government, universities, industry, agriculture, food and nutrition programs, and others to identify and resolve Montana's food safety concerns.

Action

- MSU Extension, DPHHS Food and Consumer Safety personnel, county sanitarians, Tribal Community colleges, industry, and an existing food safety task force will continue

implementation of the SERVSAFE (HACCP) training for food service workers.

- Partnerships in food safety will:
 1. initiate development of a volunteer food certification program for food service workers;
 2. initiate development of an achievement award program for food service establishments that show excellence in implementing food safety principles into a food business as a regular business practice;
 3. promote a national consumer campaign to encourage safe food handling practices;
 4. develop a state and local rapid response system for critical and temporary food safety problems requiring a rapid response; and
 5. promote safe food practices in food banks through utilization of "SAFEAID" food safety program and contact with local sanitarians.

Food Access

Access to food directly impacts the nutrition and health status of Montanans. Evaluating the impact of current events and trends on the access to food in Montana is critical in making proactive steps to address potential outcomes.

Issue/Current Situation:

- Implementation of the Welfare Reform Bill, Public Law 104-193, which was signed into law by President Clinton on August 22, 1996, has made a significant impact on the access to food and nutrition services throughout Montana. The following changes resulted from Welfare Reform:
 1. Able Bodied Adults Without Dependents (ABAWD) are now limited to three months of Food Stamps in a 36-month period, unless they are working or volunteering in the community for an average of 20 hours a week. Individuals must be medically able to work and not responsible for the care of dependents to fall under this provision.
 2. Rates of reimbursement for the Office of Public Instruction School Food Services and the Child and Adult Care Food Program (CACFP) were reduced.
 3. The CACFP, Summer Food Service programs, camps, and migrant feeding programs had a "fourth meal" provision eliminated where reimbursement was previously received for up to four meals/snacks per day for a child in care more than eight hours. Reimbursement is now limited to three meals/snacks per day which was effective upon signing of the bill.
 4. The law eliminated the United States Department of Agriculture's (USDA) authority to offer school breakfast and summer food service start-up and expansion grants. School food authorities and summer food service sponsors in Montana

received over \$127,000 from these grants in the past two years.

5. A system of "tiered" reimbursement rates was also implemented for family day care home providers participating in the CACFP. The tiering system was designed to save federal dollars by paying a lower rate per meal/snack for children being cared for in higher income areas or from higher income families. Based on preliminary information the projected impact on Montana's child care providers will be a loss of \$750,000 to \$850,000 in the first year -- significantly less than the target of \$2,850,000, but a significant impact on the state's child care providers. The program has also seen a three to five percent decrease in the number of child care providers participating in the CACFP since the onset of tiering.
- Indian reservations see the need for food banks but have found them difficult to maintain. Because of the high unemployment rate on Indian reservations there are very few local resources, and the majority of food donated is obtained from outside sources.
 - The use of food banks statewide has increased by 12% when comparing January through June 1997 to the same period in 1996. This increase does not take into account the months of September through December when client visits historically increase.
 - Some child care providers look to the Montana Food Bank Network to make up the decrease in USDA reimbursement. Should this continue, it will put a severe strain on the resources of the Montana Food Bank Network.
 - Many senior meal programs have not been able to meet the needs of the elderly residing outside predetermined city limits for delivery service.

1997 Progress:

- Montana's Food Stamp Program has been able to secure three waivers which exempt twelve counties and seven reservations from the ABAWD time limit through at least February 1998. Five of the counties are exempt due to unemployment rates higher than 10 percent. Seven additional counties received an exemption because they met labor surplus definitions. The seven Indian reservations were granted exemptions due to employment-to-population ratios below the national average. Montana will pursue extending the waivers when they expire.
- Although Welfare Reform has impacted the number of able-bodied individuals receiving Food Stamps, it has not had a large impact on households with children or households with elderly or disabled members. All 56 counties continue to offer services to meet the food and nutrition needs of residents. Additional case management training has been provided to the Food Stamp eligibility staff which has increased both the referral rate and usage of various community food and nutrition programs.

- In the past year WIC participation increased by 700 participants per month to an average of 21,700. WIC provides services in all counties and reservations in the state in over one hundred clinics. Six new clinic sites were opened in 1997.
- During the 1997 legislature, three pieces of legislation passed that will support the Food Bank Network. Appropriations were approved to assist in transportation costs (HB 10), general support costs (HB 2), and for the use of funds recovered from the sale of illegally obtained game (HB 547). These were the first state funds made available to the Food Bank Network since its establishment nearly 15 years ago and reflect a greater awareness of the need to provide resources beyond the capabilities of the federal government.
- The Intergovernmental Human Services Bureau of DPHHS supports the Montana Food Bank Network's efforts by helping to transport food secured through non-governmental sources and by bringing the Network together for an annual training session.
- The 1997 Fall Hunger Relief Conference, "Hunger Relief on Native American Reservations" sparked interest from all reservations in Montana and representatives from four of the six reservations. The Northern Cheyenne Food Bank in Lama Deer is one of only a handful of food banks nationwide that is located on an Indian reservation and is run by Native Americans. The Blackfeet tribe has also recently established a food bank on its reservation. Another food bank has been established in Big Horn County, serving the Crow Tribe. Many individuals and families benefit each month from these food banks.
- In 1997, the Montana Hunger Coalition focused on development and support of Community Nutrition Coalitions (CNC). With grants from Bread for the World and the Candle Foundation, eight new communities have begun development of CNCs, bringing the total number of CNCs to twenty. These local teams work on hunger and nutrition issues affecting their communities through assessment of food and nutrition capacity and needs. Projects are as varied as each community and have included the implementation of school meal programs, summer feeding programs, development of food banks, soup kitchens, and community gardens.
- Summer Food Service sponsors opened 11 additional sites across the state, resulting in a 13% increase in student participation in the program.
- In 1997 eight school districts added school breakfast programs.

Policy and Action Recommendations:

Policy

- Assure that funds are available for schools who have a demonstrated need for school lunch

or breakfast programs, that they may start or expand current facilities to offer these programs.

- Continue to support the Montana Food Bank Network with resources for food purchase, transportation, and food production for food banks and the meal programs and day care providers who purchase food from the network.
- Institute measures to ensure that the funds made available to the Food Bank Network through the Intergovernmental Human Services Bureau are spent appropriately. Documentation indicating accurate accounting of USDA food and a description of clientele being served is necessary to justify programs to the USDA and the state legislature.
- Continue to pursue waivers from severely restrictive Welfare reform regulations, particularly those that set time limits on individuals who want to work but are unable to find jobs, elderly, and disabled legal immigrants.

Action

- Encourage local businesses, groceries, and schools to aid in the distribution of senior meals. The senior meal programs will need assistance to meet the needs of elderly outside city limits.
- State agencies should encourage their local service providers to develop local public/private partnerships and participate in local food and nutrition efforts such as CNCs.
- The CACFP should work with the Montana Food Bank Network to develop a food purchase system for day care providers who must buy food with lower reimbursement rates.
- Develop a plan of tracking former FAIM recipients to determine if in fact their needs are being met through self-sufficiency or whether they are still in need of food assistance
- Promote the national *Hunger Has A Cure* legislation which seeks to increase federal dollars to improve food stamps, the WIC Program, the Emergency Food Assistance Program (TEFAP), and Child Nutrition Programs (including school meals and child care programs).
- Promote the study of the Impact of Welfare Reform on Food Banks and the study of the Impact of Welfare Reform on Churches being conducted by the Montana Hunger Coalition, the Montana Food Bank Network, and the Montana Association of Churches.
- Continue to advocate in local communities for the availability of a school meal program

for every eligible Montana school child.

Nutrition and Health Status

Eating habits contribute substantially to preventable illness and premature death in Montana. Five of the ten leading causes of death are associated with physical inactivity and a high fat, low fiber diet. Heart disease, some types of cancer, stroke, and type II diabetes are all associated with dietary intake.

Issue/Current Situation:

- Based on 1996 Behavioral Risk Factor Surveillance System (BRFSS) data only 24% of Montanans eat the recommended five servings of fruits and vegetables per day, 28% are overweight, and 21% are physically inactive. 1995 national BRFSS data indicate that 24% of Americans eat the recommended five servings of fruits and vegetables per day, 29% are overweight, and 30% are physically inactive.
- Diabetes is a major public health problem on Indian reservations in Montana. It is the fourth leading cause of death among Native American Montanans. People with diabetes are two to four times more likely to develop heart disease and five times more likely to have a stroke than people who don't have diabetes. Of Montanans with diabetes on dialysis, one third are Native Americans. Persons with diabetes use more health care dollars than any other group in the Indian Health Service.
- Applicants for the WIC Program are screened for nutrition and nutrition-related medical problems. Based on September 1997 data, 67% of Montana's currently enrolled WIC participants have inadequate nutrient intakes according to 24-hour diet recalls. 1996 data from the Centers for Disease Control and Prevention's (CDC) Pediatric Nutrition Surveillance System indicates that 10.3% of infants and children in Montana's WIC program have a hematocrit/hemoglobin below recommended levels.
- There is currently little established at the state level to address the nutritional quality of meals being provided in the rapidly growing in-home care businesses serving the elderly. Lack of standards or guidelines can result in a wide range of meal quality. Providing meals of poor quality places seniors at increased risk for malnutrition which can result in an increased incidence of infection or decubitus ulcers.
- Dehydration in the elderly is a preventable yet common condition which can interfere with the effectiveness of prescribed medications, cause confusion leading to falls, and contribute to constipation and unnecessary hospitalizations.

1997 Progress:

- The Federal government has earmarked funding over the next five years for diabetes treatment, research, and prevention.
- *Eat Right Montana* and Aging Services partnered to provide incentive gift water bottles to address the issue of dehydration and physical activity in the elderly population. The water bottles provide promotional information about Montana Senior Centers, Aging Services, current hydration recommendations, and *Eat Right Montana*. This program is part of a continuing effort to encourage senior centers to conduct activity programs that can affect individual lifestyles of the elderly.
- A pilot study was conducted at the Bozeman Senior Center with the “Cream of the West” breakfast cereal company, Aging Services, and MSU. This study was done to measure the impact of an additional meal on the nutrient status of home delivered meal participants as well as to assess the cost of adding a meal to existing meal programs. The Bozeman Senior Center was also one of twenty nutrition sites nationwide chosen to pilot a breakfast program sponsored by the Administration on Aging and General Mills.
- Applicants for the WIC program undergo a nutrition screening including height, weight, a hematological test, health history, and 24-hour diet recall at each certification appointment. Selected information is sent to CDC to be included in the Pediatric and Pregnancy Nutrition Surveillance Systems.

Policy and Action Recommendations:**Policy**

- Establish age appropriate standards of nutritional quality, quantity, and safety based on current federal recommendations for the elderly. Make the standards accessible to unregulated agencies serving the elderly throughout the state.

Action

- Develop training and compliance measures to accompany nutrition standards for agencies serving the elderly.
- Continue to aggressively address health care practitioners with current hydration recommendations and assessment tools for the elderly. Target professions include pharmacists, nurses, dentists, and medical doctors.
- Encourage other health programs in the state to participate in the CDC Pediatric and Pregnancy Nutrition Surveillance Systems. Their participation would provide a more

overall picture of the health status of Montana's children and child-bearing women.

- Develop a computer system to track the nutrient content of food provided to children participating in the CACFP.

Food and Nutrition Education

Nutrition education can provide information to consumers that will make a key difference in meals and food service for them. The Council views nutrition education as one of the best ways to address Montana's food and nutrition issues.

Issue/Current Situation:

- Many Indian people have the opinion that the food provided by the Food Distribution Program on Indian reservations is unacceptable. Distributed food has been viewed as unhealthy. Often Indian people do not know how to prepare these foods.
- Current research shows that diabetes is growing in prevalence in the aging population. Recent recommendations from medical experts have lowered the age for annual testing as well as the level of blood glucose for diagnosis. Many scientific advances have been made in the past decade that can impact the age of onset, the rate of progress, and the severity of the disease in any individual regardless of age. Many practitioners are not aware of the current recommendations for prevention and treatment of the disease. Seniors are receiving outdated information about their condition with little or no appropriate intervention.
- A number of studies show that school-age children suffer from obesity due to a lack of physical activity and poor dietary habits. School Food Service has begun addressing this issue by providing more nutritious meals. The Team Nutrition program has been effective in Montana. Further education will provide even more support for these at-risk children.
- Nutrition education has been a secondary issue in the CACFP due to administrative demands on staff over the past year.
- Currently DPHHS allocates approximately \$56,000 per year from the Preventive Health Block Grant to fund chronic-disease nutrition programs through the Health Systems Bureau.

1997 Progress:

- ***Eat Right Montana***, a coalition promoting healthy eating and active lifestyles, has been promoting the ***5 a Day for Better Health*** program since 1993. The program encourages all Americans to enjoy at least five servings of fruits and vegetables each day as part of a high-fiber, low-fat diet. In September of 1997 ***Eat Right Montana*** promoted ***National 5 a Day Week*** through a partnership with the state's Buttreys stores. The promotion took place in 31 Buttreys stores across the state and included produce tours by local nutrition professionals, taste testing of produce, point of purchase information cards in the produce aisle, coloring contest for kids, and a ***5 a Day*** Treasure Hunt and raffle. It is estimated that the promotion reached over 30,000 Montanans through contacts in the stores and through media coverage throughout the week.
- ***Indian Reservation Nutrition Education***: The Food Distribution Program on Indian Reservations (FDPIR) in cooperation with the MSU Extension Service was able to address the commodity food acceptance issue facing Montana's American Indian people through the Indian Reservation Nutrition Education (IRNE) Program. The program, which was funded from July 1, 1995 through September 30, 1997, resulted in positive changes made by participants as well as nutrition assistants. After participating in IRNE, participants perceived the FDPIR program in a more positive way and many foods that were previously less popular are now being utilized. In addition, participation has increased each year since the beginning of the program.
- In addition to routine nutrition education activities, the WIC Program provided ***Farmer's Market Cookbooks*** to all WIC participants and ***5 a Day Bingo*** games to WIC programs across the state. The WIC Program also conducted a "Train the Trainer" course for breast feeding peer counselors.
- DPHHS Chronic Disease Prevention and Health Promotion Section conducted a ***Getting a Head Start with 5 a Day*** intervention in WIC clinics in St. Ignatius, Ronan, Polson, and Missoula. Results of the program showed that knowledge of the 5 a Day program increased from 33% to 86%; understanding of the 5 a Day message increased from 50% to 83%; and reported average consumption of fruits and vegetables increased from 2.7 servings to 3.1 servings per day.
- The Montana Diabetes Project and Aging Services coordinated a diabetes education program targeted to seniors. Programs including a videotape and printed literature are being distributed to senior centers statewide.
- The Montana State Plan for the Food Stamp Nutrition Education Program (FSNEP) has been approved for the period of October 1, 1997 through September 30, 1998. An interagency agreement is in the process of being developed between DPHHS and MSU Extension in order to develop, implement and evaluate a FSNEP in 11 project sites encompassing 24 Montana counties.

- Montana and five other states participated in the development of ten video training tapes designed to help teach nutrition, health, sanitation, safety and administration principles to CACFP participants. The new training programs are expected to be available in mid-December.
- Every school food authority must meet the Dietary Guidelines for Americans and nutrition standards for school meals. Fifty-five percent of Montana schools changed from the traditional menu planning option to one of the new menu planning options approved by the USDA. The remaining 45% are actively moving toward compliance.
- Under the direction of the Nutrition Education and Training program, over 95 schools across Montana committed to the USDA Team Nutrition school program. Staff in these schools were encouraged to work with parents and community members in promoting good nutrition practices to children through a team approach.
- Many food banks offer nutrition education materials, recipes, and classes such as the Montana Super Pantry Project sponsored by the Montana Hunger Coalition. The Super Pantry Project offers cooking classes and a bag of groceries so that participants may try the recipe at home.

Policy and Action Recommendations:

Policy

- State agencies should enhance the ability to provide nutrition education by allocating and seeking additional funding for the development of nutrition education programs. For example, DPHHS should allocate appropriate funding for the development of nutrition education programs to prevent chronic disease.
- Schools should continue to include accurate, science-based nutrition education as part of the core health enhancement curriculum in elementary, middle, and high schools. Schools should be encouraged to adopt policies bringing nutrition into the overall school environment, including wellness for staff, school meals, and school nursing. By integrating nutrition into required subjects like health enhancement and family and consumer science, as well as the overall environment, nutrition education can reach most students.

Action

- The Aging Network should continue to:
 1. Build a partnership with the Montana Diabetes Project that can provide a direct link to current education opportunities for practitioners as well as individuals and

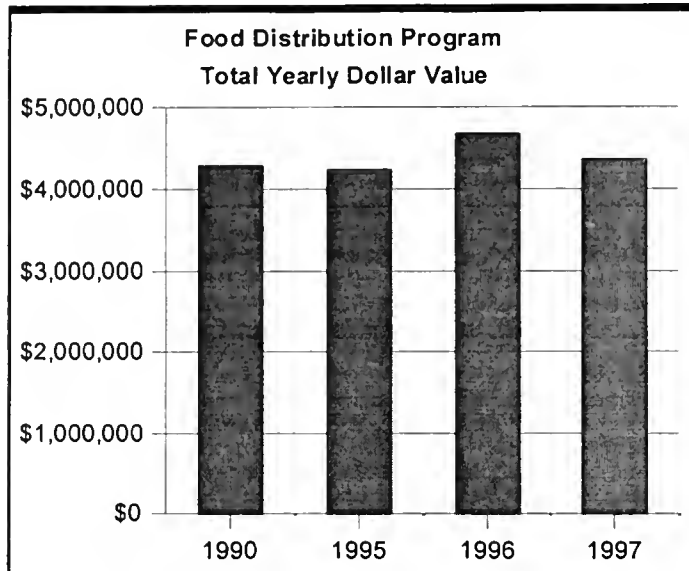
- their families;
 - 2. Support efforts to integrate senior meal programs with other community programs already in place which offer diabetes interventions to other populations;
 - 3. Keep abreast of current information as it affects the elderly and provide reports to the Senior Nutrition Advocacy Council; and
 - 4. Work with the Montana Diabetes Project, to develop culturally sensitive educational curricula on fitness and diabetes that can easily be used by local resources and made an integral part of their care giving for the elderly in local communities.
-
- The CACFP should reemphasize nutrition education by utilizing the newly developed education and training videos and offering regular training to providers via the METNET system. Training should also include administrative education targeted to providers who have lost resources due to the tiering system.

 - The WIC program should continue to encourage the development of breast feeding peer counselor programs in local WIC clinics.

Tracking Food and Nutrition Program Utilization in Montana

Tracking participation in food programs and food banks is a barometer of food and nutrition access for at-risk populations. Bar graphs on pages 15 through 20 indicate recent utilization of food programs and food banks in Montana.

- Food Distribution Program dollars have remained fairly constant. Over the past five years there has been an average increase of 200 participants each year in the Food Distribution Program on Indian Reservations.
- The number of school breakfasts continues to increase each year with the establishment of new programs. The number of school lunches has slightly declined over the past three years due to more stringent eligibility requirements for free and reduced priced meals.
- The gradually increasing number of women participating in the WIC program may be due to two reasons. First, women may be entering the program at an earlier date in their pregnancy. Second, more women are breast feeding longer and would therefore, remain eligible for the program longer. The number of infants and children participating in the WIC program will fluctuate from year to year due to fluctuations in the birthrate.
- The specific causes of the decrease in food stamp usage have not been determined. Data will continue to be evaluated and collected.
- The specific reason for the decrease in the total number of CACFP meals has not been determined but may be due to a drop in center participation. The total dollar value of meals remained constant due to a rate increase between 1996 and 1997.
- The number of visits to food banks continues to increase. One of the results of Welfare reform may be an increased demand on the state's Food Bank Network. It is important to determine and document the cause of this increase.
- The nationwide trend for Senior Nutrition Programs is a decreasing number of congregate meals and an increasing number of home delivered meals. The population being served appears to be "aging in place" resulting in more home delivered meals as the elderly become more frail.



Total dollar value of food distributed based on a federal year of October 1 to September 30.

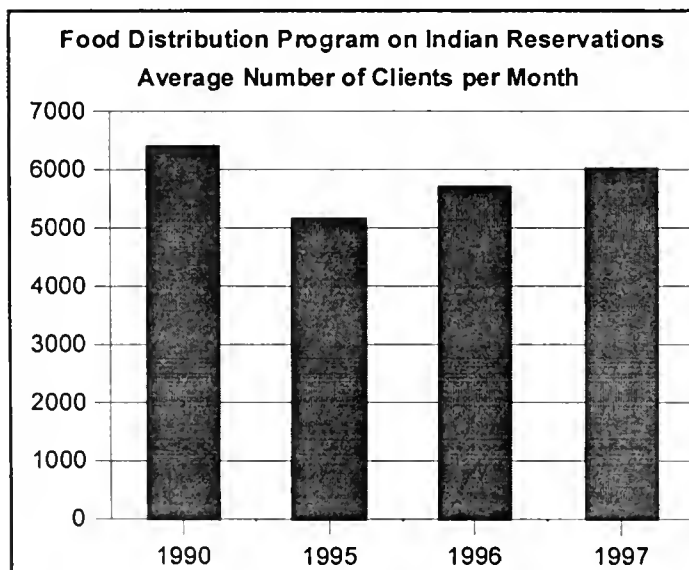
1990: \$4,296,926

1995: \$4,243,412

1996: \$4,693,084

1997: \$4,370,518

Contact: 447-4262; Gordon Davidson



Average number of persons served per month based on a federal year of October 1 to September 30.

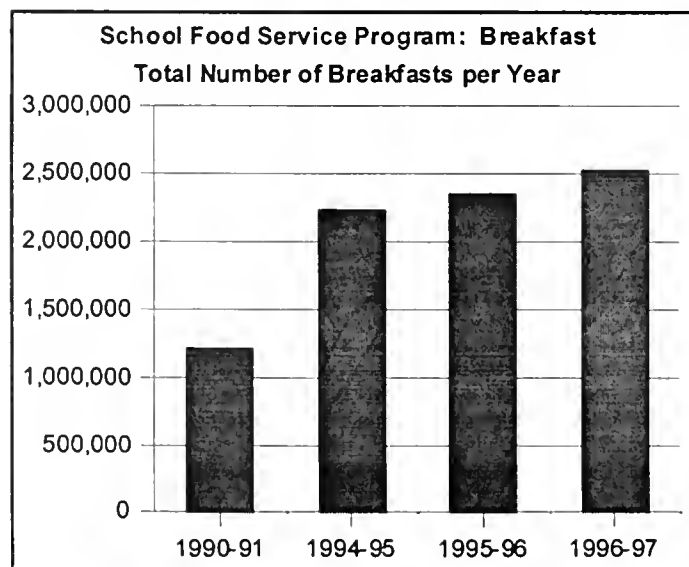
1990: 6,410

1995: 5,185

1996: 5,731

1997: 6,048

Contact: 447-4262; Gordon Davidson



Total number of breakfasts served based on a school year of September to May.

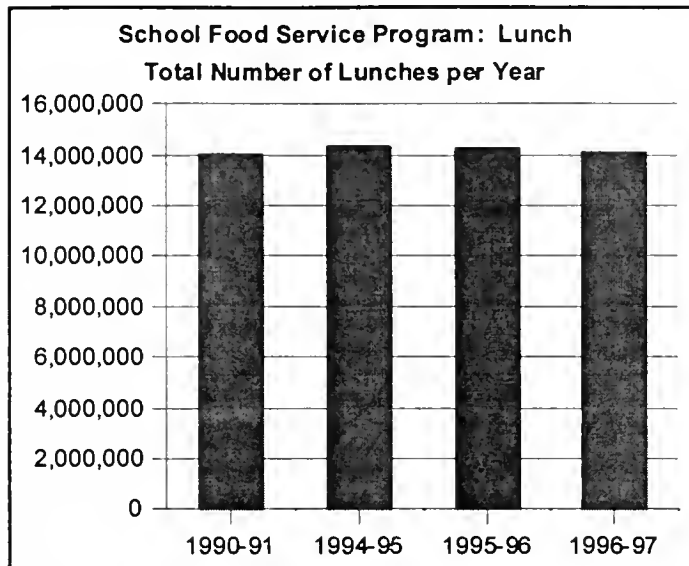
1990-91: 1,221,211

1994-95: 2,230,938

1995-96: 2,357,220

1996-97: 2,522,700

Contact: 444-4413; Mary Elizabeth McAulay



Total number of lunches served based on a school year of September to May.

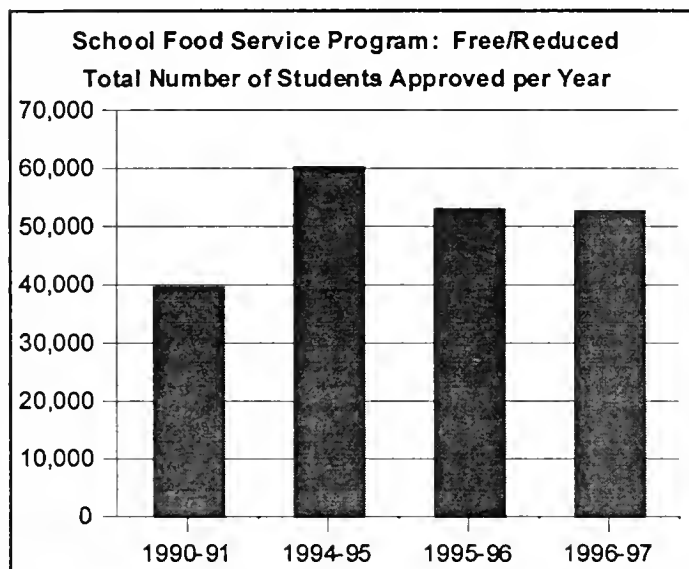
1990-91: 14,035,930

1994-95: 14,365,313

1995-96: 14,295,880

1996-97: 14,161,494

Contact: 444-4413; Mary Elizabeth McAulay



Total number of students approved for free and reduced-price meals based on a school year of September to May.

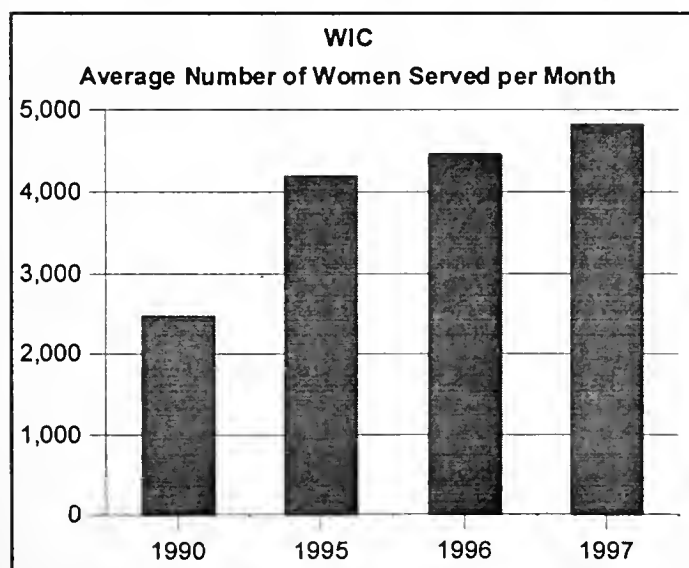
1990-91: 39,747

1994-95: 60,418

1995-96: 53,352

1996-97: 52,898

Contact: 444-4413; Mary Elizabeth McAulay



Average number of WIC women served per month based on a state year of July 1 to June 30.

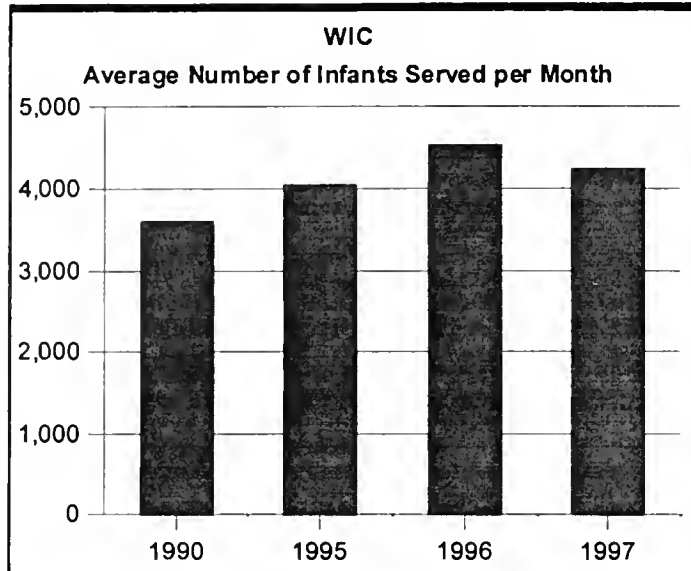
1990: 2,460

1995: 4,183

1996: 4,473

1997: 4,829

Contact: 444-5285; Chris Fogelman



Average number of WIC infants served per month based on a state year of July 1 to June 30.

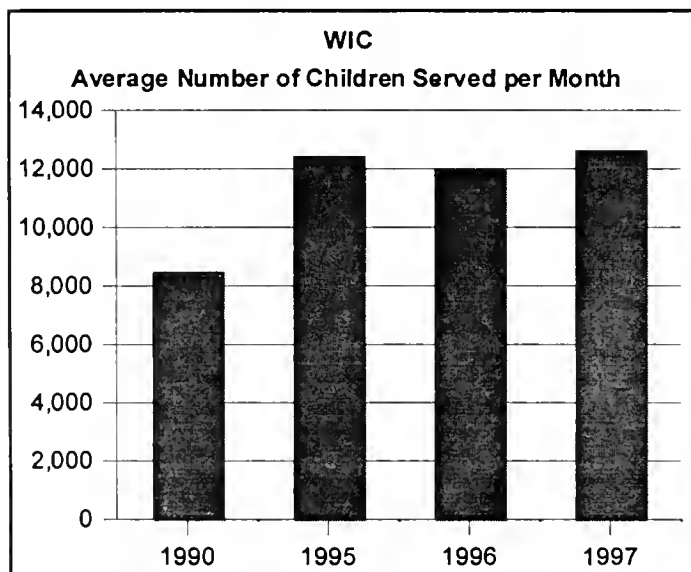
1990: 3,600

1995: 4,036

1996: 4,533

1997: 4,248

Contact: 444-5285; Chris Fogelman



Average number of WIC children served per month based on a state year of July 1 to June 30.

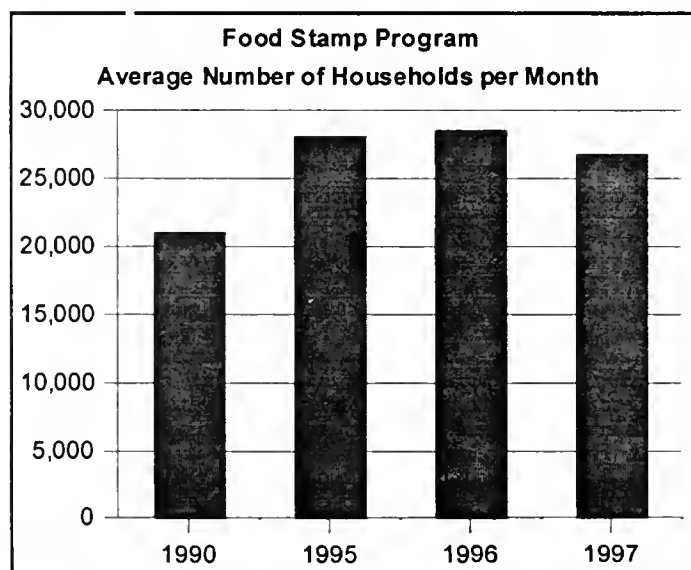
1990: 8,490

1995: 12,440

1996: 12,007

1997: 12,628

Contact: 444-5285; Chris Fogelman



Average number of households served per month based on a federal year of October 1 to September 30.

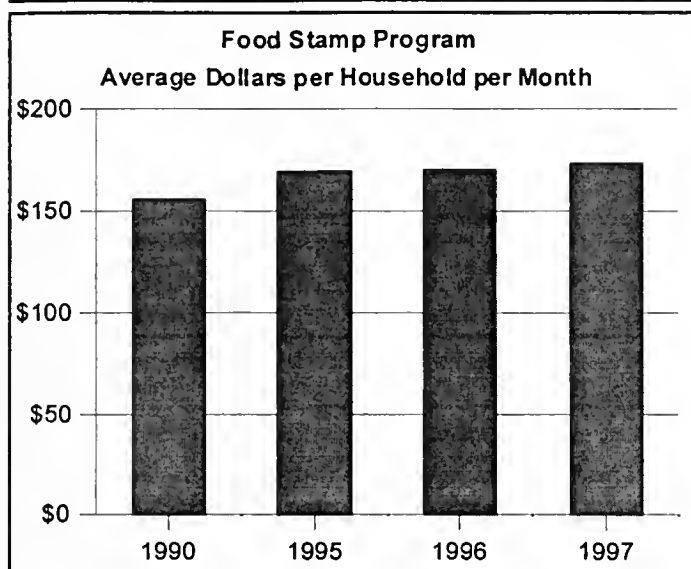
1990: 21,052

1995: 28,082

1996: 28,565

1997: 26,750

Contact: 444-9291; Carol Carpenter



Average dollars received per household per month based on a federal year of October 1 to September 30.

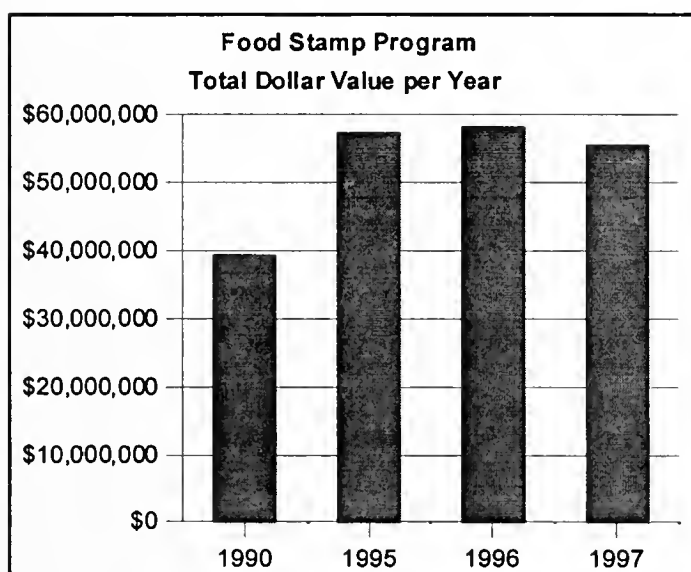
1990: \$155.75

1995: \$170.01

1996: \$170.26

1997: \$173.18

Contact: 444-9291; Carol Carpenter



Total yearly dollar value of the Food Stamp Program based on a federal year of October 1 to September 30.

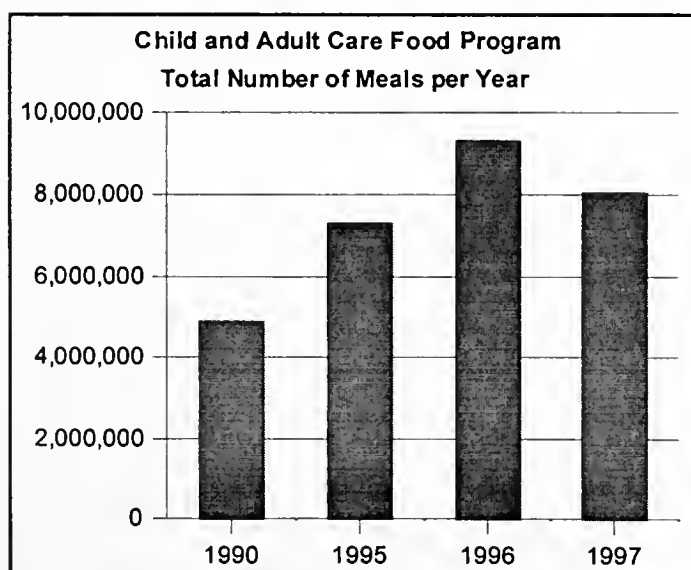
1990: \$39,347,072

1995: \$57,290,523

1996: \$58,363,106

1997: \$55,589,400

Contact: 444-9291; Carol Carpenter



Total number of meals served yearly based on a state year of July 1 to June 30.

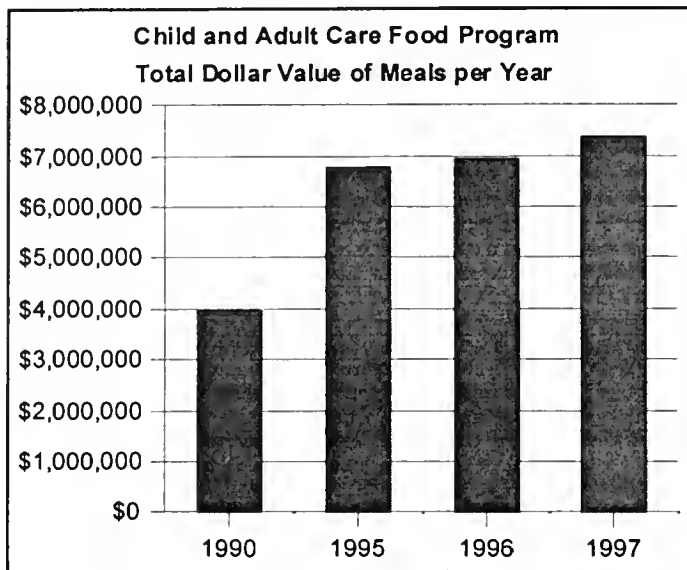
1990: 4,900,000

1995: 7,300,000

1996: 9,340,700

1997: 8,032,000

Contact: 444-0548; Tom Rippingale



Total yearly dollar value of meals served based on a state year of July 1 to June 30.

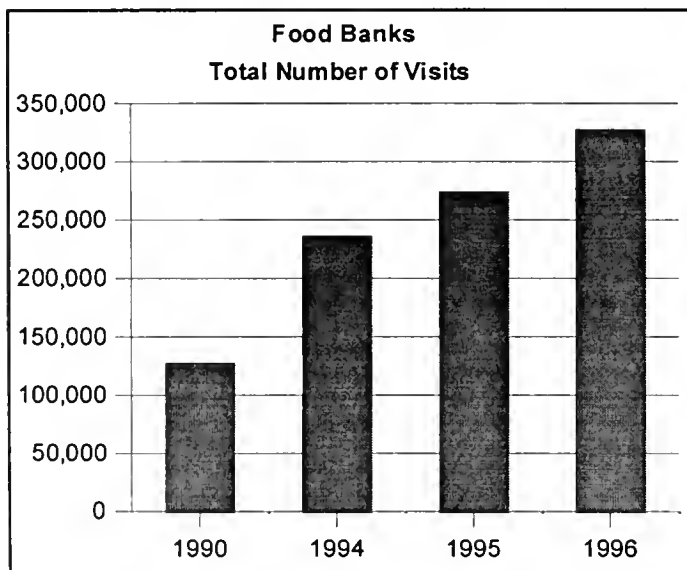
1990: \$4,000,000

1995: \$6,800,000

1996: \$6,934,300

1997: \$7,392,000

Contact: 444-0548; Tom Rippingale



Total number of visits to food pantries participating in the Montana Food Bank Network based on a calendar year of January 1 to December 31.

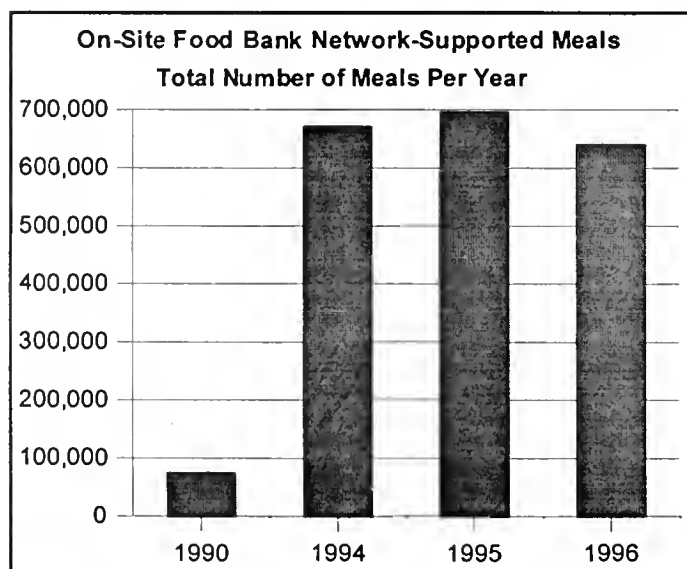
1990: 127,377

1994: 236,158

1995: 275,350

1996: 327,931

Contact: 721-3825; Peggy Grimes



Total number of meals served through programs participating in the Montana Food Bank Network based on a calendar year of January 1 to December 31.

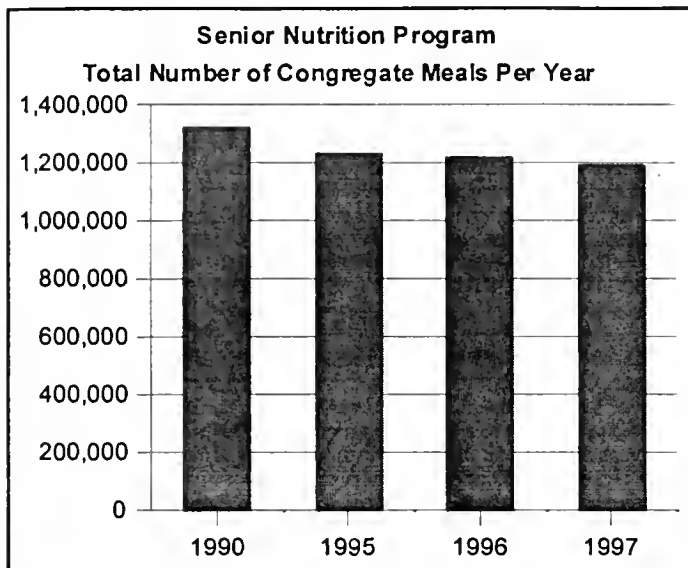
1990: 76,228

1994: 673,056

1995: 695,626

1996: 641,076

Contact: 721-3825; Peggy Grimes



Total number of congregate meals served based on a federal year of October 1 to September 30.

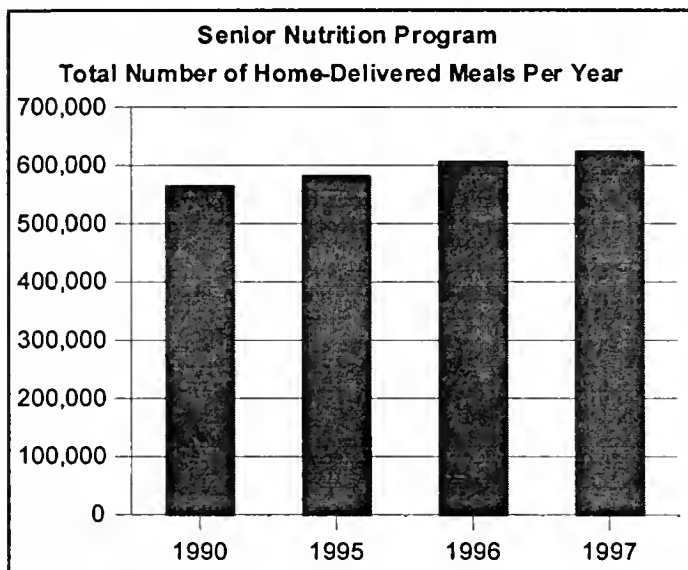
1990: 1,324,502

1995: 1,233,829

1996: 1,219,771

1997: 1,194,148

Contact: 444-7786; Janet Myren



Total number of home-delivered meals served based on a federal year of October 1 to September 30.

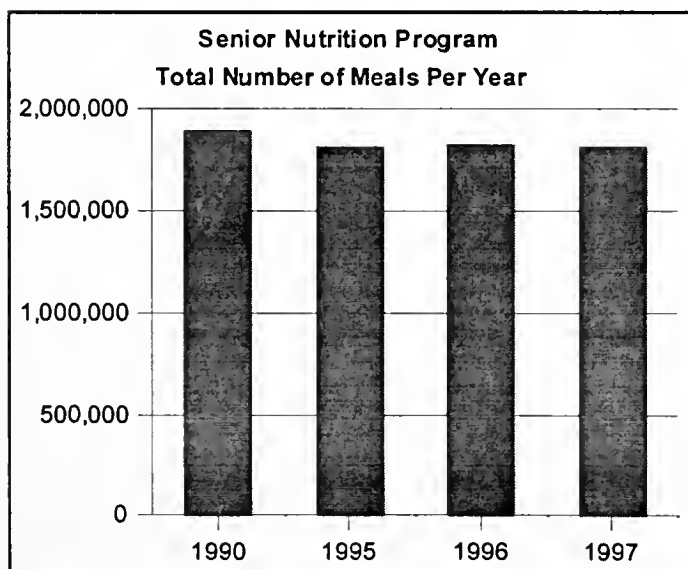
1990: 567,238

1995: 584,743

1996: 607,545

1997: 623,583

Contact: 444-7786; Janet Myren



Total number of meals served based on a federal year of October 1 to September 30.

1990: 1,891,740

1995: 1,818,572

1996: 1,827,316

1997: 1,817,731

Contact: 444-7786; Janet Myren

Montana State Advisory Council on Food and Nutrition: 1997 Members

❖ **Senior Nutrition**

Janet Myren
Helena: 444-7786

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❖ **Food Industry**

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❖ **Health Promotion/Staff**

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Helena: 444-2672

❖ **Public Assistance**

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❖ **Low Income Consumer**

Sheri Bunker
Helena: 443-8099

Membership from January through June 1997 also included the following:

❖ **Montana State House of Representatives**

Chris Ahner

❖ **Montana State Senate**

Sharon Estrada

❖ **WIC Program**

Dave Thomas, Chair

❖ **Staff to Council**

Kathy Andersen

For additional information on the work of the Montana State Advisory Council on Food and Nutrition, contact Annette Peterson at (406) 444-2672 or any council member.

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The Montana State Advisory Council on Food and Nutrition will lead and facilitate the creation of an optimal nutrition environment for all Montanans.